

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) <div style="font-size: 1.2em; font-weight: bold;">10/088659</div>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		2					58	
9		2					59	
10		2					60	
11		2					61	
12		2					62	
13		1					63	
14		1					64	
15		2					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21		1					71	
22		1					72	
23		1					73	
24		1					74	
25		1					75	
26		1					76	
27		1					77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
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35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.	32						TOTAL DEP.	
TOTAL CLAIMS	33						TOTAL CLAIMS	